

☒ This form is attached to DV-100.

1 Your name: \_\_\_\_\_

2 Name of person you want protection from (restrained person): \_\_\_\_\_

**3 Describe the 2nd most recent abuse.**

a. Date of 2nd most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

e. Describe any injuries.

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one.*



Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**4 Describe other recent abuse.**

- a. Date of other recent abuse: \_\_\_\_\_
- b. Who was there? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe any injuries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Did the police come? ☐ No ☐ Yes  
If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know  
*Attach a copy if you have one.*

**5 ☐ Describe other abuse against you or your children.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV- 101 — Description of Abuse" at the top.